PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| i . | RPORATI STATEM | 1/21 | | | DEPART Secretary SION OF CO | of S | tate | ATE. | | FILED 07 FEB -8 PH 1:41 | |
|--|---|-----------------------------------|--|---|-----------------------------------|-------|-----------------|---|--|----------------------------|--|
| DOCUMENT # 728465 | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDĄ | | | |
| casa nova condominium apts, inc | | | | | | | | AR. | 500088712585 02/19/0701028001 **297.50 | | |
| 2. Principa 2240 | 3. Mailing O | 3. Mailing Office Address Same | | | | | STATEMENT 06 07 | | | | |
| Suite, Apt. #, etc. 110 | | | | Suite, Apt. #, etc. | | | | | | porated or Qualified | |
| City & State hollywood fl. | | | | City & State | | | | | 5. FEI Numbe | | |
| | 33020 Country broward | | | Zip Country | | | try | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | iora certificate of status | |
| Grenier Gerald | | | | | | | | | The reinstatement fee is imposed, except in | | |
| Street Address (P.O. Box Number is Not Acceptable) 2240 Johnson St | | | | | | | | circumstances which the entity did not receive the prior notices. By checking this box, you | | | |
| apt. 208 | | | | | | | | are certifying the prior notices were not received and requesting the reinstatement | | | |
| fiolly | FL 33020 | | | Ô | fee be waived. | | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | | | | | | | | | | | |
| Signature of Registered Agent Seislo Seusier | | | | | | | | | Date 02-03-2007 | | |
| REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | | | | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Eac Officer and/or Directo | | | | | City / State / Zip | | |
| Р | Dery Jacques | | | 2240 johnson st a | | | st a | apt 204 | Hollywood FL 33020 | | |
| VP | Kilvington Frieda | | | | 2240 johnson st | | | st a | apt 202 | Hollywood Fl.33020 | |
| T | Grenier Gerald | | | | 2240 |) jo | hnson | st a | apt 208 | Hollywood Fl.33020 | |
| St | Howard Doris | | | | 2240 |) joi | hnson | st a | apt 107 | Hollywood Fl.33020 | |
| D | Bolduc Andre | | | 2240 johnson st a | | | st a | apt.212 | Hollywood Fl.33020 | | |
| D | Gagnon Irene | | | | 2240 |) jo | hnson | st a | apt 102 | Hollywood Fl.33020 | |
| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: | | | | | | | | | | | |
| | SIGNATURE: SCHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIPPETTOR Date Date Phone # | | | | | | | | | | |